

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

SECRETARY OF THE SENATE
10 JAN 19 AM 1:00

Office use only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines

12FE4M5

FRIENDS OF MIKE LEE INC.

ADDRESS (number and street)

190 WEST 800 NORTH STE 100

☐ (Check if address is changed)

PROVO

UT

84601

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address is changed)

INFO@MIKELEE2010.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

MIKELEE2010.COM

2. DATE

MM / DD / YYYY
01 / 11 / 2010

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

LYNN GILBERT

Signature of Treasurer

Electronically Filed by LYNN GILBERT

Date

MM / DD / YYYY
01 / 11 / 2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

10020021742

5. TYPE OF COMMITTEE (Check One)

Candidate Committee:

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
Candidate

MIKE LEE

Candidate
Party Affiliation

REP

Office
Sought:☐

House

☒

Senate

☐

President

State

UT

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate**Party Committee:**

- (d) ☐ This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	<input type="text"/>	FEC ID number	C <input type="text"/>
2.	<input type="text"/>	FEC ID number	C <input type="text"/>
3.	<input type="text"/>	FEC ID number	C <input type="text"/>
4.	<input type="text"/>	FEC ID number	C <input type="text"/>

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Write or Type Committee Name

FRIENDS OF MIKE LEE INC.

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

☐

Connected Organization

☐

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name

LYNN GILBERT

Mailing Address

190 WEST 800 NORTH STE 100

PROVO

UT

84601 -

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

TREASURER

Telephone number 801 - 377 - 5300

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

LYNN GILBERT

Mailing Address

190 WEST 800 NORTH STE 100

PROVO

UT

84601 -

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

TREASURER

Telephone number 801 - 377 - 5300

10020021744

Full Name of
Designated
Agent

KIMBERLY WILLIAMS

Mailing Address

190 WEST 800 NORTH STE 100

PROVO

UT

84601 -

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

ASSISTANT TREASURER

Telephone number

801

- **377**

- **5300**

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

ZIONS BANK

Mailing Address

111 NORTH 200 WEST

PROVO

UT

84601 -

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

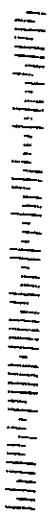
CITY ▲

STATE ▲

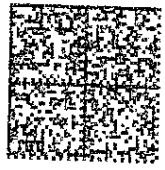
ZIP CODE ▲

10020021745

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GILBERT & STEWART CERTIFIED PUBLIC ACCOUNTANTS A PROFESSIONAL CORPORATION P. O. BOX 1387 PROVO, UTAH 84603	TO: OFFICE OF PUBLIC RECORDS PO BOX 2517 ALEXANDRIA, VA 22301-0517
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NANCY ERICKSON
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-2116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

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PREPARER

RD

DATE PREPARED

01-19-10

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